N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 3 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Nodaway — Registration District No. 630 — File No. 36879

Township Monroe — Primary Registration District No. 5882 — Registered No.

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Vanbert A. Goslee

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura A. Goslee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1880

7. AGE — YEARS 55 — MONTHS 5 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway County Mo.

FATHER

13. NAME Job Goslee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER

15. MAIDEN NAME Rachael T. Albright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Mo.

17. INFORMANT (ADDRESS) Mrs. Van Goslee Skidmore Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Skidmore Mo. DATE Nov. 7, 1935

19. UNDERTAKER (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED Nov 7, 1935 Dr. J. C. Manning Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4th, 1935

22. I HEREBY CERTIFY That I attended deceased from Sept 1st, 1934, to Nov 4, 1935

I last saw him alive on Nov 3, 1935. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis About May estimated	1933
Acute rheumatism About April	1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. E. Pierbomb, M. D.

(Address) Skidmore Mo.

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